

DOCKET NO. RM-11288

Cyc 203 **CERTIFIED  
MAIL**

ORDER DATED <u>11/4/05</u>
EGE <u>DA</u> <u>05-090</u>
MIMEOGRAPH NO.

\* RM-11228  
Clear Channel Broadcasting  
Licensees, Inc.  
2625 Memorial Drive  
Suite A  
Tulsa, OK 74129

**REQUESTED**

C. R. R. NO.

BY .....

7003 1010 0002 4028 3287

<b>U.S. Postal Service™</b>	
<b>CERTIFIED MAIL™ RECEIPT</b>	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
<b>OFFICIAL USE</b>	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To <u>CLEAR CHANNEL Broadcasting</u>	
Street, Apt. No., or PO Box No. <u>2625 Memorial Dr. #A</u>	
City, State, ZIP+4 <u>TULSA, OK 74129</u>	
PS Form 3800, June 2002 See Reverse for Instructions	

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

\*RM-11228  
Clear Channel Broadcasting  
Licensees, Inc.  
2625 Memorial Drive  
Suite A  
Tulsa, OK 74129

2. Article Number (Copy from service label)

7003 1010 0002 4028 3287

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B L REEDER B. Date of Delivery 11-14-05  
C. Signature B L Reeder ☒ Agent ☐ Addressee  
D. Is delivery address different from item 1? ☐ Yes ☒ No  
If YES, enter delivery address below:

3. Service Type

☒ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes